



**COMMERCIAL BLANKET BOND**  
**PUBLIC EMPLOYEES AND/OR PUBLIC OFFICIALS**  
NORTH DAKOTA INSURANCE DEPARTMENT  
STATE BONDING FUND  
SFN 18777 (Rev. 04-2003)

N.D.C.C. 26.1-21

**APPLICATION**

**For Bonding Fund Use Only:**

Bond Number:

Name of Obligor (Insured)			
	County	Effective Date	
Address	City	State	Zip Code
Name of Contact Person		Telephone Number	

Type of Entity	1 <input type="checkbox"/> State	3 <input type="checkbox"/> City	5 <input type="checkbox"/> School District	7 <input type="checkbox"/> Park District	9 <input type="checkbox"/> Soil Conservation District
	2 <input type="checkbox"/> County	4 <input type="checkbox"/> Township	6 <input type="checkbox"/> Fire District	8 <input type="checkbox"/> Historical Society	

Bond Period: From the beginning of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to 12 o'clock night on the effective date of the cancelation or termination of this bond as an entirety.

**Limits of Liability:**

Commercial Blanket Bond Coverage

\$ \_\_\_\_\_

**For Bonding Fund Use Only:**

The liability of the Obligor is subject to the terms of the following riders attached hereto:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature	Title
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Return the completed form to:

North Dakota State Bonding Fund  
425 North 5th Street  
Bismarck, ND 58501  
Telephone: 701-328-9600  
FAX: 701-328-9610